Bureau for Medical Services

Mission

The Bureau for Medical Services is committed to administering the Medicaid Program, while maintaining accountability for the use of resources, in a way that assures access to appropriate, medically necessary, and quality health care services for all beneficiaries; provides these services in a user friendly manner to providers and beneficiaries alike; and focuses on the future by providing preventative care programs.

Operations

Commissioner's Office

Commissioner's Office Staff

* Provides oversight and guidance for all programs within the State's Title XIX Medical Assistance Program (Medicaid).

Finance and Administration

* Manages the Bureau for Medical Services, general administrative activities, including budgeting, purchasing, contracting, personnel, and asset management.

Legal and Regulatory Services

* Oversight and coordination of the bureau's legal services, including legal research and analysis and coordination of litigation-related services.
* Oversight and amendments to the Medicaid State Plan, including conferring with the program managers on updates to the plan, public notices, and interacting with the Centers for Medicare and Medicaid Services on any plan questions.

Office of Behavioral, Long Term, and Alternative Care

- Develops the behavioral health care, long term care, and alternative care coverage and reimbursement policies. Areas of responsibility include: home health, hospice care, nursing home services, the aged/disabled waiver program, psychiatric residential treatment facilities, psychiatric services under 21—acute care, psychiatric and psychological services, personal care program, mentally retarded/developmentally disabled waiver program, intermediate care facilities for the mentally retarded, behavioral health clinic and rehabilitation services, targeted case management services, children with disabilities community services program, and grant activity related to long-term care services.

Office of Medicaid Management Information System and Information Technology Support

- Manages the Medicaid Management Information System (MMIS), a relational database claims processing system that processes over 20 million claims annually, accounting for program expenditures in excess of $2.2 billion per year. The Medicaid program serves over 301,000 recipients/members as of the end of FY 2005 through a network of approximately 11,000 health care providers.
- Maintains the bureau's Web site.
- Manages the HIPAA privacy and security policy.

Office of Medicaid Policy and Managed Care Coordination

- Oversees the development of Medicaid health care coverage, policy, and utilization management. The areas of responsibility include hospital, physician, ambulatory surgery, primary care clinics, hospital inpatient and outpatient services, and transportation.
- Plans, implements, and monitors the activities required under 42 CFR Part 400 et al. for the Medicaid Mountain Health Trust Program, including the managed care organizations and the Physician Assured Access System (PAAS).

Office of Pharmacy Services

- Establishes coverage and reimbursement policies for outpatient medications within federal guidelines. Included within the program responsibilities are the federally-mandated prospective and retrospective drug utilization review activities; the collection of pharmaceutical manufacturers' federal and supplemental rebates; and prior authorization of high-cost, high-risk, and nonpreferred drugs. Drug coverage is fee-for-service for all Medicaid-covered eligible groups, including recipients enrolled in managed care organizations.

Office of Quality and Program Integrity

- Completes the activities required under 42 CFR Section 456. This mandate requires postpayment review of paid claims to assure that the services were provided by eligible providers, provided to eligible clients, that the services were medically necessary, were appropriate to the patient's medical condition, and were provided in conformance with the service definitions set forth in the Medicaid manuals. This office uses tools such as on-site reviews, desk reviews, and analysis of paid claims data to meet this mandate.

Expenditures

	TOTAL FTE POSITIONS 11/30/2005	ACTUALS FY 2005	BUDGETED FY 2006	REQUESTED FY 2007	GOVERNOR'S RECOMMENDATION
EXPENDITURE BY PROGRAM					
Commissioner's Office	39.00	$7,187,506	$11,421,346	$11,401,596	
Office of Behavioral, Long-Term & Alternative Health Care	13.00	8,246,311	19,925,460	19,916,968	
Office of Medicaid Policy & Managed Care Coordination	21.00	9,076,602	16,136,732	16,125,462	
Office of MMIS Operations & IT Support	35.00	2,094,759,047	2,504,716,928	2,218,523,202	
Office of Pharmacy Services	8.00	3,029,091	3,593,831	3,587,412	
Office of Quality & Program Integrity	16.00	739,642	917,168	906,429	
Less: Reappropriated		(33,018,926)	0	0	
TOTAL BY PROGRAM	**132.00**	**2,090,019,273**	**2,556,711,465**	**2,270,461,069**	**2,512,862,485**
EXPENDITURE BY FUND					
General Fund					
FTE Positions		53.25	56.00	53.00	53.00
Total Personal Services		1,617,716	1,948,732	1,920,088	1,960,757
Employee Benefits		518,765	705,792	703,357	703,357
Other Expenses		316,111,383	362,327,549	362,817,668	422,817,668
Less: Reappropriated		(33,018,926)	0	0	0
Subtotal: General Fund		**285,228,938**	**364,982,073**	**365,441,113**	**425,481,782**
Federal Fund					
FTE Positions		73.75	76.00	73.00	73.00
Total Personal Services		2,320,222	2,743,346	2,722,769	2,772,230
Employee Benefits		740,148	970,065	961,793	961,793
Other Expenses		1,594,568,087	1,981,812,135	1,695,148,186	1,856,224,086
Subtotal: Federal Fund		**1,597,628,457**	**1,985,525,546**	**1,698,832,748**	**1,859,958,109**
Appropriated Special Fund					
FTE Positions		0.00	0.00	0.00	0.00
Total Personal Services		0	0	0	0
Employee Benefits		0	0	0	0
Other Expenses		181,977,219	183,353,846	183,337,208	204,572,594
Less: Reappropriated		0	0	0	0
Subtotal: Appropriated Special Fund		**181,977,219**	**183,353,846**	**183,337,208**	**204,572,594**
Nonappropriated Special Fund					
FTE Positions		0.00	0.00	0.00	0.00
Total Personal Services		0	0	0	0
Employee Benefits		0	0	0	0
Other Expenses		25,184,659	22,850,000	22,850,000	22,850,000
Subtotal: Nonappropriated Special Fund		**25,184,659**	**22,850,000**	**22,850,000**	**22,850,000**
TOTAL FTE POSITIONS BY FUND		**127.00**	**132.00**	**126.00**	**126.00**
TOTAL EXPENDITURES BY FUND		**$2,090,019,273**	**$2,556,711,465**	**$2,270,461,069**	**$2,512,862,485**

Commissioner's Office

Mission

The Commissioner's Office is committed to providing the necessary oversight and guidance for the efficient operation and management of the State's Title XIX Medical Assistance Program (Medicaid).

Goals/Objectives

- Improve the quality of services to consumers and providers in all Medicaid health care delivery systems.
- Improve the bureau's accountability and reporting of public funds and resources under its jurisdiction and control.
- Improve the State's health care technology infrastructure by supporting the electronic medical records initiative.

Performance Measures

✓ Implemented the new MMIS claims processing modules.
✓ Updated and posted provider manuals on the Internet for easier access.

Office of Behavioral, Long-Term, and Alternative Care

Mission

The Office of Behavioral, Long-Term, and Alternative Health Care is committed to the development of quality behavioral health, long-term care, and alternative health care coverage through policy development and management.

Goal/Objectives

- Strengthen communication to enhance information provided to members and stakeholders.
- Improve programs by actively seeking and responding to the input of members and providers.
- Strengthen programs and services based on clinically accepted, evidence-based, clinical practice methodologies and treatments that have proven to be effective and have shown substantial outcomes.
- Increase opportunity for provider choice and access to long-term support services by increasing the number of enrolled providers in the mentally retarded/developmentally disabled (MR/DD) and aged/disabled (A/D) waiver programs.
- Improve member satisfaction with programs, services, and care.
- Promote the fiscal soundness of programs.

Performance Measures

Fiscal Year	Actual 2003	Actual 2004	Estimated 2005	Actual 2005	Estimated 2006	Estimated 2007
Providers in MR/DD waiver program	N/A	N/A	N/A	70	75	80
Homemaker—providers in A/D waiver program	N/A	N/A	N/A	156	158	160
Case management—providers in A/D waiver program	N/A	N/A	N/A	80	82	84
Members authorized—licensed behavioral health centers*	N/A	N/A	N/A	31,592	32,223	32,867
Services authorized—licensed behavioral health centers*	N/A	N/A	N/A	302,711	308,765	314,940
Members authorized—private practitioners*	N/A	N/A	N/A	28,117	30,647	33,405
Services authorized—private practitioners*	N/A	N/A	N/A	81,357	88,679	96,660

* Began July 1, 2004.

Office of Medicaid Management Information System and Information Technology Support

Mission

The Office of Medicaid Management Information System (MMIS) and Information Technology Support is devoted to ensuring that Medicaid program policies are correctly defined in the MMIS, and that the bureau's fiscal agent operates in accordance with the contract and with all state and federal regulations.

Goals/Objectives

- Monitor existing federal and state program policies that exist in the MMIS to determine that the most accurate benefits and contracts are used to process claims.
- Implement new federal and state program policies accurately in the MMIS system.
- Implement the national provider identifier into the MMIS system by June 2006.
- Obtain CMS certification of the MMIS system by June 2006.
- Accurately maintain the bureau's Web site.
- Manage the HIPAA privacy and security policy.
- Implement the Medicare coordination of benefits clearinghouse activities into the fiscal agent's front end operations by December 2005.

Performance Measures

✓ Implemented the MMIS relational database medical/dental system.

✓ Implemented the HIPAA compliant electronic claim, eligibility, and remittance voucher transactions and standard medical procedure codes. (Providers must use these standardized means of billing claims, validating eligibility and receiving information about paid, denied, and pending claims when sending and receiving information electronically to and from Medicaid.)

✓ Implemented the MMIS relational database pharmacy point-of-sale system with HIPAA compliant National Council for Prescription Drug Programs 5.1 formats.

Office of Medicaid Policy and Managed Care Coordination

Mission

The Office of Medicaid Policy and Managed Care Coordination is committed to promoting high quality, cost-effective, medically necessary, and preventive health care services and to improving the health and outcomes of care for the Medicaid population.

Goals/Objectives

- Ensure that payments made by Medicaid conform to the service description limitations and exclusions as defined in the Medicaid manuals.
- Reduce inpatient utilization by five percent after implementation of national criteria in FY 2007.
- Increase managed care enrollment by expanding covered eligibility categories.

Performance Measures

✓ Managed care was expanded into 100% of West Virginia counties, exceeding the previous goal of 90%.

Fiscal Year	Actual 2003	Actual 2004	Estimated 2005	Actual 2005	Estimated 2006	Estimated 2007
Medicaid members enrolled in HMO	47,783	92,993	125,000	122,753	150,000	**N/A
Medicaid members enrolled in PAAS*	103,703	63,475	35,000	17,831	10,000	**N/A

* Forty-six of the 55 counties have been converted to managed care. The decrease in PAAS in FY 2005 is due to 22 counties which were PAAS being converted to managed care. Those members are now enrolled in an HMO.
** Information to estimate FY 2007 is not yet available due to the conversion to a new MMIS and the addition of new eligibility categories beginning in FY 2007.

Office of Pharmacy Services

Mission

The Office of Pharmacy Services provides access to quality pharmaceutical care in a cost-effective manner for West Virginia Medicaid members and ensures that the use of these pharmaceuticals is appropriate, necessary, and not likely to result in medically adverse effects.

Goals/Objectives

- Pursue CMS certification for the newly implemented pharmacy point-of-sale claims processing system by June 2006.
- Implement the Pharmaceutical Rebate Information Management System rebate system, and fully automate the drug rebate collection process by June 2006.
- Pursue funding for mental health drug management program.
- Increase efforts to access the federal drug discount program for Medicaid members and, as part of this effort, utilize resources of qualifying entities to provide drug-disease management services.
- Pursue funding to provide prescriber access to the preferred drug list via electronic handheld devices.
- Pursue funding for implementation and maintenance of a real-time, on-line database of patient medication records to reduce fraud and abuse of controlled substances.

Performance Measures

✓ Implemented the state maximum allowable cost pricing for generic drugs.
✓ Joined the multistate purchase pool for the pharmacy preferred drug list.
✓ Participated in a quality improvement project to reduce antibiotic resistance.
✓ Fully implemented the diabetes disease management program.

Office of Quality and Program Integrity

Mission

The Office of Quality and Program Integrity is committed to assuring that the Medicaid program provides services to Medicaid recipients that are medically necessary, appropriate to the patients' medical conditions, and are provided in a quantity and quality to meet the members' needs and in accordance to service definitions set forth in the Medicaid manuals.

Goals/Objectives

- Analyze paid claims data to assure all Medicaid and other applicable payment rules have been correctly implemented in the new payment system.
- Recoup monies paid inappropriately during the implementation of the new payment system.

Performance Measures

Fiscal Year	Actual 2003	Actual 2004	Estimated 2005	Actual 2005	Estimated 2006	Estimated 2007
Provider reviews conducted	3,540	2,128	2,200	1,608	2,200	2,200
Inappropriately paid monies recouped (in millions)	$4.41	$10.72	$10.00	$9.49	$10.00	$10.00